

OVERALL WORK PROGRAM AGREEMENT

1. The undersigned signatory RTPA hereby commits to complete, this fiscal year FY (beginning July 1, 2002 and ending June 30, 2003), the annual Overall Work Program (OWP), a copy of which was approved on date and is attached as part of this OWP Agreement.
2. All of the obligations, duties, terms and conditions set forth in the Master Fund Transfer Agreement (MFTA), numbered number and executed with an effective date of date between agency name (RTPA) and the Department of Transportation (STATE), are incorporated herein by this reference as part of this OWP Agreement for this FY.
3. This OWP Agreement obligates and encumbers only these following funding sources: State Highway Account – Rural Planning Assistance (RPA) funds, Federal Highway Administration (FHWA) State Research and Planning (SP&R) – Partnership Planning Element (FHWA – SP&R Part. Planning) and Federal Transit Administration Section 5313(b) (FTA Sect. 5313(b) as are specifically identified in Section 4 below. RTPA agrees to comply with FHWA and FTA matching requirements for “Consolidated Planning Grant” funds obligated and encumbered against this OWP Agreement: FHWA – SP&R Part. Planning, federal/local – 80/20; and/or FTA Sect. 5313(b), federal/local – 88.53/11.47. All local match funds are to be provided from non-federal sources. RPA and FHWA – SP&R Part. Planning funds are available only for this FY.

4. Subject to the availability of funds, this FY OWP funds encumbered by STATE include, but may not exceed, the following:

<u>Funding Source</u>	<u>Funding</u>	<u>Mandatory Local Match, if applicable</u>
RPA – State Highway Account	\$ _____	\$ _____
FHWA –SP & R Part. Planning	\$ _____	\$ _____
FTA Sect. 5313 (b)	\$ _____	\$ _____

5. Should RTPA expend funds in excess of those encumbered by STATE against this OWP Agreement, those costs shall be borne solely by RTPA.

Department of Transportation (STATE) _____ Authorized Signature _____ Printed Name of Person Signing _____ Title _____	Name of Agency (RTPA) _____ Authorized Signature _____ Printed Name of Person Signing _____ Title _____
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(For Use by Caltrans Accounting Only)

The total amount of all federal funds encumbered by this document is \$: _____

Fund Title: _____

(For Use by Caltrans Accounting Only)

The total amount of all State funds encumbered by this document is \$: _____

Fund Title: _____

<u>Item</u>	<u>Chapter Statute Fiscal Year</u>	<u>Item</u>	<u>Chapter Statute Fiscal Year</u>
E.A. /Subjob	Encumbrance Document Number	E.A. /Subjob	Encumbrance Document Number
	(For Accounting Use Only)		(For Accounting Use Only)

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and expenditure purpose stated above.

Signature of Department of Transportation Accounting Officer

Date